Best Available Copy

CLAIMS ONLY								Application Number Filing Date Applicant(s) Filing Date					-3		
								10612373			ı				
								Applicant(s	s)						
							* * *		4161 6 - 1 - 1 - 1						
CLAIMS	ASI	SECOND		* May be used for additional claims or amendments											
ocruiiio			AFTER FIRST AMENDMENT		AMENDMENT										
	Indep	Depend	Indep	Depend	indep	Depend			Indep	Depend	Indep	Depend	Indep	Depend	
1								51 52			ļ				
3	 	 			1			53	 				 	 	
4	 	 	t					54				 		 	
5								55							
6	 	 ;		ļ	ļ			56	ļ	ļ	ļ	ļ			
7 8	 	 }		 	 	-		57 58	 		 	 	<u> </u>	 	
9	 	 		 				59			 	 		 	
10		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						60							
11	ļ	<u> </u>		ļ				61	ļ						
12 13	 	 						62 63	ļ	ļ			<u> </u>		
14		 		 		<u> </u>		64		 		 	 	 	
15		١						65							
16								66							
17 18	ļ	<u> </u>						67 68							
19	 	 , 		 	 	 		69			 				
20		1			 			70				T			
21		i i						71							
22	ļ	 						72				ļ			
23	 	\ \ \ \ \ \ \ \ \ \ \ \ \ 	ļ		 			73 74				 			
25	<u> </u>	 	 	 	 			75				 			
26		1						76							
27	<u> </u>	\ \						77							
28 29	 	 `` 		ļ				78 79				-			
30	 	 \			····			80				1			
31		1						81							
32	 	<u> </u>						82				ļ	<u> </u>		
33 34	<u> </u>	1	 					83 84							
35	1	 	 					85							
36								86							
37		1					ļ	87							
38 39	-	<u> </u>			 			88 89							
40								90							
41								91							
42				<u> </u>				92							
43 44	-		 	 	 			93 94	-						
45	 		 	 	t			95							
46								96							
47	ļ							97	ļ	ļ					
48 49				 	 			98 99				 			
50	 	-	 	 				100							
Total	3		1	T				Total							
Indep		[]		J		Indep		I					
Total Depend 35								Total Depend	■		■	_		_	
Total	38		—	1	1			Total							
Claims	1378	1	ł	I	l	1	l	Claims		l		1	1	i	